

# 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

(Schedule E)

PAGE 1 OF 2  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>People's Action Movement</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00567479
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on

Full Name of Payee <b>Keystone Progress</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 30 / 2016</b>
Mailing Address <b>201 Washington St. #534</b>		Amount <b>13938.13</b>
City <b>Reading</b>	State <b>PA</b>	Zip Code <b>19601</b>
Purpose of Expenditure Field Program - Stop Trump (estimated)	Category/Type	Transaction ID : <b>SE.5119</b> Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 07 / 2016</b>
Name of Federal Candidate <b>TRUMP, DONALD J., ,</b>	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought <b>118784.99</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <b>People's Action</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 30 / 2016</b>
Mailing Address <b>810 N. Milwaukee Ave.</b>		Amount <b>10754.06</b>
City <b>Chicago</b>	State <b>IL</b>	Zip Code <b>60642</b>
Purpose of Expenditure Field Program - Stop Trump (estimated)	Category/Type	Transaction ID : <b>SE.5121</b> Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 06 / 2016</b>
Name of Federal Candidate <b>TRUMP, DONALD J., ,</b>	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought <b>72000.00</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>24692.19</b>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Geise, Tara, M., ,*

[Electronically Filed]

Date

MM / DD / YYYY  
**10 / 31 / 2016**

Signature